



APPLICATION FORM
MISSOURI DEPARTMENT OF NATURAL RESOURCES
CLEAN WATER ACT SECTION 319
Nonpoint Source Implementation Grants

Use this form to apply for <u>Section 319(h) Nonpoint Source Implementation Grants.</u> This application <u>must</u> be typed and <u>must</u> be submitted on this form or an identical copy! Every element must be filled in for full ranking!											
1.	Name of Project:										
2.	Name of Organization Sponsoring the Project:										
3.	Address of Sponsor:										
4.	Sponsor's Taxpayer ID Number (attach documentation of 501(c) (3) status if applicable):										
5.	Type of Organization (such as Municipality, County, State, Federal, University, Conservation District, Nonprofit, etc):										
6.	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top;">Primary Contact Person (name, affiliation and address):</td> <td style="width: 40%; border: none; vertical-align: top;">Contact Telephone, FAX and E-mail:</td> </tr> </table>	Primary Contact Person (name, affiliation and address):	Contact Telephone, FAX and E-mail:								
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7.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;">Proposed Start Date:</td> <td style="width: 50%; border: none; vertical-align: top;">Proposed End Date:</td> </tr> </table>	Proposed Start Date:	Proposed End Date:								
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8.	Watershed to be Addressed by Project (hydrologic unit code):										
9.	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Total Section 319 Funds Requested:</td> <td style="width: 60%;">\$ _____</td> </tr> <tr> <td>Match Funds (including In-Kind services)</td> <td></td> </tr> <tr> <td>[40% or more of Total Project Cost]:</td> <td>\$ _____</td> </tr> <tr> <td>Other Contributions (e.g., other federal funds)</td> <td>\$ _____</td> </tr> <tr> <td>Total Project Cost:</td> <td>\$ _____</td> </tr> </table>	Total Section 319 Funds Requested:	\$ _____	Match Funds (including In-Kind services)		[40% or more of Total Project Cost]:	\$ _____	Other Contributions (e.g., other federal funds)	\$ _____	Total Project Cost:	\$ _____
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10.	Project Authorization: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> _____ Signature of Sponsoring Organizations Authorized Representative </td> <td style="width: 40%; border: none;"> _____ Date </td> </tr> <tr> <td style="border: none;"> _____ Name of the Representative (print or type) </td> <td style="border: none;"> _____ Title </td> </tr> <tr> <td colspan="2" style="border: none;"> _____ Telephone Number </td> </tr> </table>	_____ Signature of Sponsoring Organizations Authorized Representative	_____ Date	_____ Name of the Representative (print or type)	_____ Title	_____ Telephone Number					
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11. Budget (see Attachments A and B for guidance):

EXPENSE ITEM	319 GRANT	MATCH (Non-federal)	OTHER FUNDS
Salary			
Fringe Benefits			
Travel			
Equipment >\$5000 (Itemize Below)			
Supplies			
Contractual			
Other			
Indirect Costs (%)*			
TOTAL PROJECT COSTS			

*Indicate indirect rate. The rate cannot exceed 13%.

Itemize Equipment: (Include only equipment costing \$5,000 or more per item.)

Equipment Description	Cost

12. Detailed Budgets:

Attach budget detail for each budget category identified in item 15.

Attach another budget that identifies costs by activity. See attachment C for more guidance.

13.	<p>Is the proposed project a Clean Lakes activity for a classified lake or reservoir? yes ____ no ____ (See Request for Proposals for explanation of these terms.) If so, what type of activity is it? ____LWQA ____Phase I ____ Phase II ____Phase III ____ other activity</p>	
14.	<p>Is the watershed on Missouri's 303(d) priority listing? yes ____ no ____ If yes, include the information from the 303(d) list (Category I, II or III; water; county; miles/acres affected; pollutant) or attach a copy of the applicable section of the list. If your watershed is not included on the listing, describe your reasons for considering it a priority.</p>	
15.	<p>Has a Watershed Plan been completed for this watershed? yes ____ no ____</p>	<p>If yes, when and by whom? If no, will this project produce a Watershed Management Plan using the "Key Elements"? (See Attachment F)</p>
16.	<p>Watershed Characteristics: (Attach a map of the watershed.) Include size of watershed (in acres), and information on outstanding resource waters or drinking water sources, if applicable.</p>	

17. Water Quality Problem:

18. List the specific pollutant(s) that will be addressed in the project and the proposed method to quantify load reductions: Examples include sediment, nutrients, fecal coliform bacteria, pesticides, etc.

19. List the NPS category and subcategory impacted: (see Attachment D)
Primary (list one):

Secondary (list as many as you wish):

20. List the Functional Category of Activity: (see Attachment E)
Primary (list one):

Secondary (list as many as you wish):

Is this a restoration project that addresses the impairment listed for this waterbody from the 303(d) list?

yes _____ no _____

21. Executive Summary: Include a brief statement of the problem, description of the project, objectives, methods employed*, products and partners. (*see application instructions)

22. Project Plan and Objectives:

23. Schedule of Milestones:

<u>Task</u>	<u>Responsible Party</u>	<u>Expected Completion Date</u>
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24. Project Evaluation: (Include an evaluation measure for each objective.)

25. Products Generated: (Provide a numbered list of the products such as newsletters, field days, publications, etc. that will be produced as part of the project.)

26. Public Involvement: (Describe public involvement and attach letters of support detailing what role partners will play in this project.)